

MULTIPLE CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

225027 | FILING DATE
4/8/94

APPLICANT(S)

CLAIMS	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							
2	1							
3	2							
4	2							
5	1							
6	1							
7	1							
8	2							
9	2							
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TOTAL IND.	3							
TOTAL DEP.	10	↓	↓	↓				
TOTAL CLAIMS	15							